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ABSTRACT

Following a discussion of the Home Start program and its evaluation plan, the 16 Office of Child Development-funded Home Start projects in the United States are described. Home start is a 3-year Head Start demonstration program, aimed at the 3-5 years of age range, which focuses on enhancing the quality of children's lives by building upon existing family strengths and emphasizing the role of parents in the growth and development of their children. The program relies upon home visits made by trained home visitors. Home Start is concerned with the child's nutrition, health, mental health, and education. All of the Home Start programs initiate or strengthen productive relationships with existing community services and resources. The program evaluation incorporates three components: the formative evaluation, the summative evaluation, and the information system. The 16 projects described are those in Gloucester, Mass., Binghamton, N.Y., Parkersburg, W. Va., Franklin, N.C., Harrogate, Tenn., Huntsville, Ala., Cleveland, Ohio, Houston, Tex., Dardanelle, Ark., Wichita, Kan., Millville, Utah, Reno, Nev., San Diego, Calif., Fairbanks, Alaska, Fort Defiance, Ariz., Weslaco, Tex. The future of Home Start will lie with Head Start and other programs that may decide to convert portions of existing operating funds into Home Start components. (DB)

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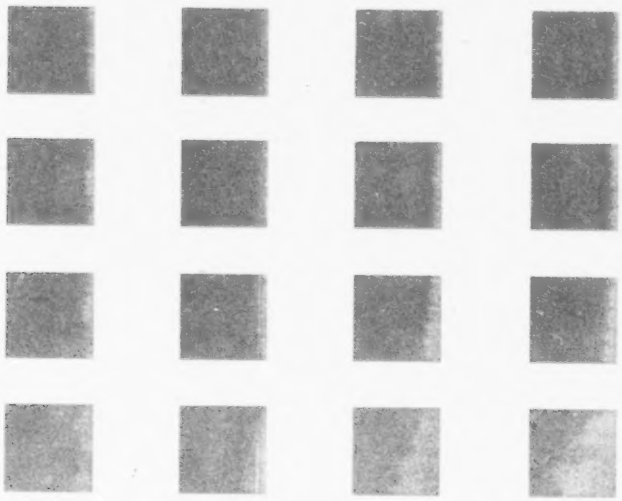
THE HOME START DEMONSTRATION PROGRAM:

AN OVERVIEW



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FOREWORD

After less than one full year of operation, the Office of Child Development's sixteen Home Start demonstration programs are well underway. They are receiving considerable attention from many other programs---Head Start and otherwise---interested in incorporating some of the "Home Start" idea into their own programs.

This publication will acquaint the reader with the overall Home Start program and its evaluation plan, as well as provide an introduction to the sixteen individual programs throughout the country.

We are indebted to a number of people for their help in making this publication possible, but special thanks go to the sixteen local program directors for providing information on their programs, to Mr. Dennis Deloria for summarizing the evaluation plans, and to Mrs. Sherry Kapfer for weaving together and editing the many pieces that contributed to this booklet.

We hope the Home Start experience will assist others in their own program planning.

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I. INTRODUCTION

Home Start is a 3-year Head Start demonstration program developed in Fiscal Year 1972 by the Office of Child Development (OCD) of the U. S. Department of Health, Education, and Welfare. The program was designed in large part to help low-income parents do for their own children at home the same kinds of things Head Start does for children in centers. Thus, although Home Start provides the same comprehensive services as Head Start (nutrition, health, education, and social and psychological services) and aims at the same 3-5 age range, the Home Start program focuses on enhancing the quality of children's lives by building upon existing family strengths and emphasizing the role of parents as the first and most important influence in the growth and development of their own children.

This booklet describes the 16 OCD-funded Home Start programs organized in the United States. National Guidelines for these programs left as much latitude as possible for fulfillment of local needs and characteristics, and diversity within the program---and the programs have capitalized on this flexibility. Each program receives approximately $100,000 for a 12-month period and serves about eighty families. Families are included from a wide variety of locales and with different ethnic and cultural backgrounds---including white, black, urban, rural, Appalachian, Eskimo, Navajo, migrant, Spanish-speaking, and Oriental. Several programs are using television programs (such as Captain Kangaroo, Sesame Street, and the Appalachia Educational Laboratory's Around the Bend) as a part of their educational component. The Harrogate, Tennessee program, located in an isolated rural area, is supplementing home visits and television with a mobile van which serves as a traveling classroom for children who gather once a week for group experiences. Section II (Project Descriptions) details these and other individual activities pursued by local programs in accordance with their own local goals and objectives.

A. Background

Home Start responds to a growing desire among many parents to receive assistance and support in their own role as "child development specialists" and in helping them work toward the goals they have for their own children.

The decision to launch a major national demonstration of home-based child development services was made in the light of several factors and considerations.

First, a number of such home-based programs had already evolved in recent years, and the evidence available appeared to indicate that such services can be economically feasible, as well as highly beneficial. Second, although Head Start and other center-based programs are in general highly regarded, they provide only indirect or minimal benefits to other children in the involved families who are not also enrolled in the program. Third, the overall Head Start program was beginning to encourage local programs to develop variations of the standard Head Start center program to suit local needs; thus, it was felt that successful demonstration home-based programs could eventually serve as models and resources to other Head Start programs interested in this approach, with its heavy emphasis on parental education and involvement. Fourth, there are vast numbers of families who have no access to a preschool child development center. Finally, the decision was founded on an abiding faith (backed up by mounting evidence)* in the belief that home and parents are of paramount importance to the "full and successful" development of every child.

B. Objectives

The Home Start program has four major objectives, stated in the national Guidelines:

(1) to involve parents directly in the educational development of their children

(2) to help strengthen in parents their capacity for facilitating the general development of their own children

(3) to demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible

(4) to determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

The primary purpose of the Home Start demonstration program is to obtain information on various approaches to, and operational variations of, home-based services. These data are expected to be of critical importance in assessing the cost-effectiveness of the home-based approach as compared with other approaches or systems of providing similar services. It is also anticipated that the demonstration will produce a legacy of information, materials, and trained people experienced with

*See, for example, ERIC's Mother-Child Home Learning Program; an Abstract Bibliography compiled by Norma K. Howard in April, 1972. (Available for 80¢ from: College of Education Curriculum Laboratory, University of Illinois, 1210 W. Springfield Ave., Urbana, Ill. 61801.)

different, but hopefully effective, home-based models.

Within the broad goal of demonstrating and evaluating alternatives to center-based programs, each Home Start project has been encouraged to develop sub-goals and specific objectives of its own. (The description of the Houston Home Start program in Section II, page 33, includes examples of such local objectives.)

C. Program Operation

Although programs differ widely as to the resources and means by which they implement the educational, health, nutritional, psychological, and social services,* the backbone of the program consists of home visits.

Each project has a staff of trained home visitors and personnel needed for supervision, coordination, and administration of the project. Most of the home visitors are paraprofessional women who live near the families they serve. Each home visitor usually serves between eight and twenty families, operating on somewhat the same principle as the "visiting nurse." In general, emphasis on selecting home visitors has been on friendly attitudes, suitability of cultural and language background, and successful experience as a parent, rather than on academic credentials.

Adequate supervision, training, and support are even more crucial to a home-based than a center-based program, because of the close relationship between home visitor and parents. Poorly trained or unsuitable visitors would quickly undermine a Home Start effort.

The training and preparation of home visitors has varied from program to program, but in general it has been practical and broad-based. Pre-service training was usually limited to 3-4 weeks, and an emphasis has been placed on continuing, practical, in-service training.

In most cases, the home visitor is a teacher, a sympathetic listener, a helper, advisor, and a friend to the entire family being served. She encourages and helps in literally dozens of ways. Some of the things she does are mainly for the purpose of gaining the confidence and cooperation as well as friendship of the parents. Others are more directly related to building the parents' knowledge and skills in improving the development of their children. The home visitor may do or arrange for a number of the services listed under "Examples of Activities" in Section D (page 5). Over a period of time, the home visitor may, among other things:

*See Section D on program components

- Introduce a toy (or book or creative experience) that will necessarily involve the parent in a developmental experience with the child. The home visitor will often leave the toy at the home and encourage the mother to use it with the child during the week.

- Help the mother make homemade toys improvised from household items to foster development. Examples of such homemade toys include cans filled with pebbles, buttons, or paper clips to produce interesting and varied sounds; stackable measuring cups, pans, or mixing bowls; and building blocks made of empty milk cartons.

- Help the mother with a household chore (such as washing dishes, making biscuits, or peeling potatoes) and, by involving the child, demonstrate how the activities which normally make up the fabric of each day can be used as constructive learning experiences for children.

- Talk with the mother about each child and the things she is doing to further their development, praising her for gains made, and making occasional suggestions.

- Introduce activities that involve the older children, or that encourage the older children to work with and help the younger ones. Such activities may take the form of coloring, pasting, simple crafts, reading to the young ones, etc.

- Budget some time to give the mother an opportunity to talk about her own achievements, needs, or problems. In such conversation, the home visitor may introduce the subject of adult education classes, parent meetings, health, or the existence of community services that the family is not using but for which it is eligible. These services are suggested in the context that they are ways in which the parents may be able to do more for the development of their children.

- Take time from more serious purposes for a snack or sociable chat, perhaps while helping a busy mother dry dishes or fold diapers.

1. Problems

The home visitor's constant challenge is to see herself as a support of, not a substitute for, the parents. At a conference held in April, 1972, to launch the Home Start program, Dr. J. Ronald Lally, Director of Syracuse University's Children's Center, cautioned Program Directors about some ways in which home visitors might unintentionally stray from the avowed purposes of their Home Start programs. Problems

to guard against include:

- Working too much with the child, rather than the parents.
- Seeing emotional and cognitive development in children as separate, when in fact they are integral.
- Tending to be too rigid in the use of structured cognitive materials intended to promote intellectual development.
- Setting up too many formal activities, rather than allowing for more informal give-and-take.
- Concentrating too often on reinforcing and rewarding the child, and not providing enough reward and enjoyment for the parents and other children in the family.
- Defining the role of the home visitor too narrowly.
- Encouraging families to develop an unhealthy dependency on the home visitors when their goal instead should be to help parents become more independent and self-sufficient.
- Relying exclusively on a middle-class model of child rearing, rather than attempting to assess the individual situation and strengths of each family.

Thanks in large measure to the forewarning of home-based program pioneers such as Dr. Lally, the Home Start visitors have been able to minimize most of these problems and realize that, in the words of the Houston Home Start program, "The role of the home visitor in working with parents is based on the role of the parents in working with their own children."

D. Components of the Home Start Program*

Like Head Start, Home Start is much more than a preschool educa-

*Effective in January, 1973 the program components for Head Start were reorganized. The four basic program components are education, social services, parent involvement, and health services. The health services component includes medical, dental, mental health (formerly psychological services) and nutrition.

tional program. It is concerned with the child's nutrition, health, and mental health as well as education. Many of the specific objectives articulated by individual Home Start programs are related to these components.

1. Nutrition

The nutritional services are aimed primarily at helping parents make the best use of existing food resources, through improved food planning, buying, and cooking. However, when needed food is not available to a family, Home Start makes every effort to provide it and to put the family in touch with whatever community organization can help on a regular basis. Nutrition education is offered in a way that recognizes cultural variations in food preferences. The advice and assistance provided by Home Start supplement and build upon these preferences, rather than attempting to replace them. Thus, foods that are a regular part of the family's diet are a major focal point of all nutrition education.

a. Examples of Local Program Objectives for Nutrition

- To assess nutritional needs of each family member and provide direct services and referrals where appropriate
- To provide information to parents on nutrition, feeding the very young child, food buying, food preparation, food cooperatives, food handling and storage, and consumer newsletters
- To involve children in learning experiences while cooking, tasting, and preparing food

b. Examples of Activities

- Read and evaluate the newspaper's food ads with mother
- Help mother make a shopping list
- Go food shopping with mother and child
- Assist family in taking steps to obtain donated or commodity foods
- Arrange for local home economists to demonstrate preparation of inexpensive but nourishing foods
- Cook supper with mother and child, showing mother

(by example) how child can be involved---noting colors, textures, and shapes of food and kitchen equipment, counting eggs, spoons, etc., and talking.

2. Health

Every effort is made to provide needed health services through existing federal, state, or local resources. Home Start children receive the same comprehensive health services as Head Start, but Home Start staff efforts are directed more to securing such services through referrals and follow-ups. Parents are involved throughout and thus learn and practice through experience how to take the necessary steps for obtaining health services for their children in the future. Basic information in preventive health and preventive dental care is given to families as part of the program's positive approach to keeping families well. In addition, many programs emphasize home safety and train home visitors to help families identify and remedy safety hazards in the home.

a. Examples of Local Program Objectives for Health

- To identify health problems of children and their families
- To teach good health practices to prevent illness and keep families well
- To refer family members to appropriate health services
- To familiarize interested parents with family planning and birth control clinics
- To improve sanitation conditions in homes
- To establish and maintain health records
- To provide immunizations to children and, where appropriate, families
- To improve safety conditions in homes

b. Examples of Activities

- Take mother with child for child's physical and dental examinations
- Set up appointments at free clinic for mother's

physical examination

- Set up family first aid course for Home Start staff and parents
- Mark height of each family member on wall in home
- Arrange for exterminator to come
- Help parents assess home with regard to safety precautions--exposed poisons, electrical outlets, lead paint, etc.
- Make sure that all follow-up health care is provided for identified health needs
- Call on local doctors to tell them about Home Start and ask their help
- Show mother how to check for worms
- Provide toothbrushing kits and instructions for all family members
- Read with mother the health columns in local newspapers

3. Psychological and Social Services

As with physical health needs, Home Start provides parents with social and psychological services that the parents need and want for their children. A positive, "preventive" approach is stressed as much as possible so that atmospheres and attitudes conducive to a happy home environment are encouraged. For example, several programs are providing Parent Effectiveness Training (developed by Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 S. Euclid Ave., Pasadena, California 91101) as a preventive measure providing positive reinforcement against potential communications breakdowns between parents and children.

Again, every effort is made to identify and use local community services. This means that, whenever possible, the services are obtained by referral and follow-up, with the Home Start staff furnishing advice, information, and assistance where necessary.

a. Examples of Local Program Objectives for Psychological and Social Services

- To make parents aware of existing social and

psychological services---employment, counseling, housing, drug counseling, job training, psychotherapy, diagnostic testing, etc.

- To provide transportation to and from these resources, and to help families work out a long-term system for transportation, if they do not own a car and there is no public means.
- To provide a much-needed social outlet to families in isolated communities
- To help parents identify their own needs and seek services on their own

b. Examples of Activities

- Use local telephone book as a directory of resources, showing mother how resources are listed
- Take mother or parents to the resource facility, walking through entire process with parent(s)
- Use Parent Effectiveness Training to prevent communications problems within families
- Help families team up with neighbors or relatives who own transportation
- Hold program-wide picnics or other social affairs for parents or entire families

4. Education

Deeply embedded in the Home Start concept is the idea that the parents are properly the first and, in the long run, the most influential educators and "enablers" of their own children. Thus, Home Start helps parents to enhance the intellectual and physical development of all their children. While Head Start aims at involving parents as one means of directly helping the children attending the center, Home Start aims at involving parents as the major means of directly helping all their children, particularly those who are of preschool age.

a. Examples of Local Program Objectives for Education

- To provide parents with information and material to become better educators of their children
- To improve parents' knowledge and understanding

of general early childhood development

- To identify materials in the home that can be used for toys and games--and learning
- To operate parent workshops and toy lending libraries where parents can make their own educational materials
- To increase the ability of parents and children to use their own existing resources (time, money, space, energy) to their own advantage
- To help parents reinforce their children's positive behavior
- To help children become better prepared for school in terms of general knowledge and basic concepts.

b. Examples of Activities

- Taking parents to local libraries and showing shelves with books on child-rearing
- Arranging for Home Start staff and interested parents to take courses on child-rearing, such as "Parent Effectiveness Training."
- Holding mothers' group meetings to use one another as resources in finding solutions to child-rearing problems
- Preparing simple guides to accompany children's television programs which are shown locally, to make television-watching less passive and more active
- Suggesting ways to turn everyday events into learning experiences, such as going to the grocery store and playing a "color game" on the way or peeling vegetables and teaching the child size and color concepts at the same time
- Obtaining films on child development or child rearing to show to groups of parents
- Cutting out pictures in magazines and helping parents make games---classifying objects, count-

ing, etc.

- Obtaining tools and material such as plywood scraps and tri-wall, so parents (especially fathers and older brothers) can make wagons, insert puzzles, storage chests, bookshelves, and other items for their own families.

5. Using Community Resources

All of the Home Start programs initiate or strengthen productive relationships with existing community services and resources. Examples range from simply helping families use--and feel comfortable in--the local library, to making arrangements with a hospital to provide family health and counseling services at nominal or no cost.

Some programs have enlisted the cooperation of local colleges to sponsor both credit and non-credit courses. For example, the intensive 2-week (80-hour) Home Start training session for the Huntsville (TARCOG), Alabama, Home Start rated 3 college credits and was at little cost to the program.

At least two programs (the Huntsville, Alabama and the Harrogate, Tennessee, programs) are integrated into Regional Council of Government Planning Organizations, and therefore have an opportunity to integrate their programs into a broad multi-county network of support.*

The Navajo Indian Home Start receives educational and health materials from the American Red Cross.

Several programs coordinate closely with the local school system and share training workshops, libraries, resources, and space for group activities such as parent meetings. Most programs are working toward improved access to and use of surplus and commodity food resources.

Other community resources used range from planned parenthood workshops sponsored by local community groups to the educational TV network for consulting and production of TV shows.

One example of a program that has utilized many community resources to the fullest extent possible is Huntsville, Alabama (see program description and charts, pages 28-31.)

*This concept is explored in detail in "The Rise of the RESA" in Appalachia Magazine, Volume 6, No. 2, October-November 1972 issue. Copies may be obtained from the Appalachian Regional Commission, 1666 Connecticut Avenue, N. W., Washington, D. C. 20009.

E. Evaluation

The national Home Start evaluation is intended to answer some basic questions relating to future program planning in the Office of Child Development. The evaluation design was prepared by Dr. Esther Kresh, OCD Project Officer for Evaluation, together with other OCD staff and consultants. It incorporates three distinct components: the formative evaluation, the summative evaluation, and the information system. The three are complementary ways of viewing the effects of Home Start.

1. Formative Evaluation

Formative evaluation yields information that helps "form" programs as they are being developed by local program personnel. As conceived in Home Start, this type of evaluation consists of case studies (or narrative descriptions of each of the 16 programs) which are distributed to program staff and other interested persons to promote a continuous exchange of information. The case studies include a wide range of information about each program such as staff model, staff training, family needs, program goals and objectives, instructional content areas, kinds of services provided, and administrative organization. Information for individual program case studies is obtained by a trained interviewer who visits each program site to interview local administrators, directors, staff, and parents. Case studies and updates are scheduled for preparation every six months for the three-year duration of the national Home Start program.

2. Summative Evaluation

Summative evaluation, the second component, is intended to "summarize" the overall effectiveness of a program after completion of one or more years of operation. Two features characterize this kind of evaluation in the Home Start program. First, there are "before-and-after" measurements of parent and child performance along criteria provided in the Home Start Program Guidelines. The measures used on a trial basis for the Fall 1972 evaluation include:

- Preschool Inventory
- ETS Enumeration Test
- Denver Developmental Screening Test
- Schaefer Behavior Inventory
- High/Scope Home Environment Scale
- 8-Block Sort Task

- Parent Interview
- Child Food Intake Questionnaire
- Height and Weight Measures
- Nutritional Status (using hair samples)

Second, there is a delayed-entry "control" group who will not enter the Home Start program until after they have participated in one complete cycle of fall and spring testing. Outcomes for these children, who have not yet experienced Home Start, can then be compared with the outcomes for Home Start participants who have received full benefits. Control group children will receive a full year of Home Start benefits after their "control" year is finished.

Pre- and post-measurements are scheduled each October and May through the three-year program. Local programs are given a full year to become operative, during which time the summative evaluation is limited to a pilot tryout of procedures, and data from the last two years will be used to assess the impact of the national program. Six of the 16 sites are included in the summative evaluation. Data are gathered by locally hired community interviewers who travel to Michigan twice each year for special training.

3. Information System

An information system, designed to gather basic statistics about each of the 16 programs, forms the third component of the national evaluation. Information is gathered on family and staff characteristics, services provided to families, and program financial expenditures. These statistics are needed to help local and national staff make better administrative decisions, to assist in the interpretation of summative evaluation outcomes, and to serve as input to the cost-effectiveness analysis of the Home Start program which is scheduled for the last year of program operation. The necessary information is gathered by local program staff members as part of their routine record-keeping activities; then the information is summarized into quarterly reports which are sent to national staff.

Two firms were selected through competitive bidding to conduct the three-year evaluation effort. The prime contractor for the evaluation is the High/Scope Educational Research Foundation, 125 N. Huron St., Ypsilanti, Michigan 48197. Mr. Dennis Deloria of High/Scope is the project director and director of the summative evaluation. A major portion of the evaluation effort is subcontracted to Abt Associates, 55 Wheeler St., Cambridge, Massachusetts 02138. Mr. Richard Ruopp of Abt Associates directs the formative evaluation and the field operations. In addition, Abt Associates developed the Home Start infor-

mation system under separate contract to OCD.

Evaluation reports, published every 6 months, are available through ERIC, 805 W. Pennsylvania Ave., Urbana, Illinois 61801 at a cost of $3.69 per 100 pages (Xerox copies) and $.65 per 100 pages (micro-fiche). Refer to document numbers PS006221, PS006222, and PS006223 in ordering. Evaluation reports are also available on an at-cost basis through Abt Associates.

4. Brief Descriptions of Measures Used in Home Start Evaluation, Fall, 1972

- Preschool Inventory (Educational Testing Service, 1968; Stanford Research Institute version, 1971). The PSI is a general measure of the child's achievement in areas that are often regarded as necessary for success in school. This is a 32-item version of the test developed by Bettye Caldwell and used in the Head Start evaluation. The child is asked questions of general knowledge (e.g., "What does a dentist do") and basic concepts (e.g., "Put the blue car under the green box"). The scoring procedure gives children credit for verbal responses and for extra information even when not required for correctness.

- ETS Enumeration Test (Educational Testing Service, 1971; Stanford Research Institute version, 1971). Mathematical reasoning, an important cognitive ability, is assessed by this test. By the use of a picture book the child is given an opportunity to demonstrate the skills of counting and matching.

- Denver Developmental Screening Test (Frankenburg, Dodds, and Fandal, 1970). This is an inventory of the child's developmental skills in four areas: gross motor, fine motor, language, and personal-social. Items applicable to children aged three to six have been selected for use in the Home Start evaluation. Although the original intention of the DDST is to screen children who may have severe deficiencies in one or more of these areas, in this evaluation it is used simply to establish what developmental levels the children have achieved.

- Schaefer Behavior Inventory (Schaefer, Aaronson & Small; Stanford Research Institute version, 1971). Fifteen statements about children's social behavior are read to the parent and she rates her own child on a scale of one to seven. The behaviors rated reflect the child's task orientation, sociability, and tolerance.

- High/Scope Home Environment Scale. This scale is a set of questions asked of the parent to obtain information on the nature of the environment in which the child is growing up. The parent provides information about the amount and kinds of developmental stimulation, the emotional climate of the home, the availability and use of educational materials, the breadth of the child's social experiences, and child management techniques.

- 8-Block Sort Task (Hess and Shipman, 1968). This procedure provides an indication of the "teaching" style used by the mother when interacting with her child. The mother is first shown how to sort blocks according to their size and markings. Then she is asked to teach her child to sort the blocks. The mother-child interaction is tape-recorded and examined for such things as the explanations the mother gives the child, the praise and acknowledgment provided by the mother, and the kinds of comments and questions spoken by the child.

- Parent Interview. The Home Start Parent Interview consists of three sections. Part I obtains information about the family's utilization of community services and participation in community events. Part II very briefly seeks the parent's reactions to the Home Start program. Part III attempts to determine what objections (if any) the parent had to the testing and interviewing.

- Child Food Intake Questionnaire. This is a list of 41 foods or food groups. The mother is asked which ones the child ate on the previous day. This simple checklist provides a rapid and general indication of the types of foods eaten by Home Start children.

- Height and Weight Measures. The child's height and weight are measured using a scale and tape measure. These two factors are important indicators of the child's nutritional and health condition.

- Nutritional Status (using hair samples). Analysis of the zinc content of hair is a relatively new procedure for assessing the nutritional status of children. Zinc is an important element for the body's synthesis of protein, which in turn is critical for adequate growth and development. A small swatch of hair is snipped from each child's head and sent to a medical laboratory for analysis.

The chart on the following page shows how these measures are correlated with objectives of the Home Start programs.*

F. The Future

The Home Start demonstration program is one of OCD's most visible signs of interest in supplementing family life and helping parents be parents. Although evaluation studies are still in process and the Home Start program is comparatively new, two important conclusions have emerged:

- Many families in a wide variety of locales and with different ethnic and cultural backgrounds are willing and indeed eager to welcome a home visitor into their homes. Many parents want to be part of a program which supports their own relationship with their own children.

- Paraprofessionals can in fact be trained within a relatively short period of time to handle the complex and sensitive tasks associated with a home-based comprehensive child development program.

In general, the future of Home Start will lie with Head Start and other programs which, after observing the development and effects of Home Start, may decide to convert part of their existing operating funds into Home Start components to serve some of their children and families. Thus, the demonstration is intended to provide a solid knowledge base which may be used or adapted by Head Start or other programs concerned with providing child development services.

"I see Home Start as an indicator that we care what happens to family life in America, and that we realize that it's the parents and family who are the most important determinants, especially in the early years of the child's life, of what the child will become,"

*This chart was prepared for the national Home Start evaluation by High/Scope Educational Research Foundation staff.

MATRIX OF OBJECTIVES AND MEASURES

	1 Height & Weight	2 Nutrition Status	3 Food Intake	4 Parent Interview	5 8-Block Task	6 H/S Home Environment Scale	7 Preschool Inventory	8 ETS Enumeration	9 Denver Developmental Screening Test	10 Schaefer Behavior Inventory
Health										
Normal growth	X									
Nutrition										
Balanced diet		X	X							
Psych-Soc. Services										
Awareness and use				X						
Education, Families										
Better "educators"					X					
Parenting skills				X	X					
Educational environment						X				
Education, Child										
Cognitive										
School readiness							X			
Number concepts								X		
Language					X				X	
Personal-Social										
Social behavior									X	
Task orientation										X
Extraversion										X
Tolerance										X
Motor, Gross & Fine									X	

Dr. Edward Zigler, former Director of the Office of Child Development, told participants at a Home Start planning conference in October, 1971.

Closely related to Home Start is the idea that some preparation for parenthood can and should take place before one becomes a parent. This concept is the root of OCD's Education for Parenthood program, which will include the development of a high school curriculum on "parenting."

Beyond OCD, the new National Institute of Education is considering as one of its major concerns further research into home-based programs, and evaluation of different approaches, systems, and kinds of services. In addition, the Office of Education continues to encourage and sponsor both early childhood and adult education programs which support the parent-child relationship.

With regard to day care, the Home Start idea has many implications for family day care, too, where a mother cares for a small number of children in her home all day. The family day care mother can actively contribute to the development of the several children in her home, and it may be possible to establish Home Start-like support systems for these mothers, too.

Overall, it is likely that the parent education aspect of home-based programs will come to be seen as crucial and will more and more be incorporated into other early childhood programs, in recognition of the vital importance of the parent-child relationship.

Home Start, with its strong parent involvement program, acknowledges and builds upon a significant strength and resource -- the parent -- and its simple, straight-forward approach seems to have struck a responsive chord in today's America. What is needed now is continuing opportunity to develop and evaluate a variety of programs and systems to serve all parents and families who feel the need, either continuously or from time to time, for such support.

NOTES

LOCATIONS OF THE SIXTEEN HOME START PROGRAMS

II. PROJECT DESCRIPTIONS

Project Title: Home Start
3 Center Street
Gloucester,
Massachusetts
01930
Phone: (617) 283-2008
Project Director: Mrs. Rose
Margosian

OCD Regional Office:
Office of Child Development
Department of HEW
John Fitzgerald Kennedy
Federal Building
Government Center
Boston, Massachusetts 02203
(617) 223-6450

The Gloucester, Massachusetts Home Start program serves a small urban area known largely for commercial fishing and manufacturing until recent years when fishing has been on the decline. An isolated and inbred area, its families have lived in the community for generations; strong ethnic and social groups exist within the city's 26,000 population, 40 percent of which is non-Anglo. The program covers a five-town area characterized by unemployment, poor housing, large welfare rolls, and general apathy.

One of the striking problems that the Gloucester Home Start program has encountered is that social and health facilities have not "kept up with the times" in the Gloucester area. There is only one hospital and few clinics are available, but Home Start has arranged for health examinations to be given through the Cape Ann Medical Center and private doctors and dentists. Pediatric interns from Boston's Children's Hospital have also been making home visits and working with mothers of Home Start families.

As part of their nutritional services, home visitors have arranged for Home Start families to obtain surplus commodity foods. Some home-based and some center-based group activities have been held on meal planning, budgeting, and food preparation.

As in most Home Start programs, psychological and social services are provided mainly through referrals (in this case, to the Cape Ann Children and Family Center and North Shore Children's Friend and Family Association).

In Home Start's education component, the "beautiful junk" concept is being widely used.* A Toy Lending Library and a Center Workshop

*See the Head Start pamphlet, Beautiful Junk (Office of Child Development, U.S. Dept. of Health, Education, and Welfare, Washington, D. C. 20201) for suggestions on low-cost program aids.

where staff and parents can make toys, games, and other playthings are also in operation. Most home visitors use home-made toys, and try to emphasize the relationship of children to Gloucester and its residents. Local beaches, forests, ponds, etc. are being used in the teaching of color, size, and shape concepts, as well as natural history.

The Gloucester Home Start program used an approach to training its home visitors which was particularly successful, featuring a five-day course in Parent Effectiveness Training (developed by Dr. Thomas Gordon, President, Effectiveness Training Associates, 110 South Euclid Ave., Pasadena, California 91101).

Gloucester's three-week pre-service training also included extensive discussion of the DARCEE Guide for Home Visitors (published by the Demonstration and Research Center for Early Education, Box 151, George Peabody College, Nashville, Tennessee 37203), and two days at a workshop given by the Advisory for Open Education (90 Sherman St., Cambridge, Mass. 02140).

Following this pre-service training, home visitors began working with only a small number of families. The staff gathered often to compare notes and assist each other in developing plans for and with each family. Only gradually did each home visitor increase her number of families, as she herself felt increasingly ready to extend her services.

In August, 1972, three members of the Gloucester Home Start staff initiated a procedure (subsequently used by other Home Start programs) of inter-program training and technical assistance. In this case, the Gloucester staff spent a week on-site at the Ft. Defiance, Arizona (Navajo) Home Start program, sharing ideas and experiences with the Indian staff and families. This type of experience not only emphasized the sharing of different cultures and facilitated a better understanding of the diverse local needs of the program; it also strengthened the bonds between the programs and resulted in innovative program operations.

From October 1972 to February 1973 the staff participated in a highly successful group therapy and counseling training session with a local psychiatrist. The session focused on the themes of "ourselves as parents, ourselves as children, and ourselves as professionals working with other people's children." The home visitors felt that it was so helpful that they have requested more of this kind of training in the future.

Project Title: Home Start
30 Fayette St.
Binghamton, N. Y.
13901
Phone: (607) 722-5304
Project Director: Mr. Louis Conn

OCD Regional Office:
Office of Child Development
Dept. of HEW
Federal Building
26 Federal Plaza
New York, N. Y. 10007
(212) 264-4437

The Binghamton Home Start program is located in the hills of the far western corner of New York State on the Susquehanna River, bordering Pennsylvania. There is not much heavy industry, although several large companies are located there. Out of a total population of 65,000, approximately 10,000 families in Binghamton receive some form of public assistance due to inadequate income. Strong ethnic groups (especially Irish, Italian, Polish, and Russian) are found.

The Binghamton Home Start program is based on a program started in 1966 by the Broome County Catholic Social Services. One of the most striking features of the program is the abundance of community resources that are being utilized. Excellent health services are available; Home Start children receive free care at clinics and a local dentist examines and cleans teeth, and gives followup visits to children, charging only those on Medicaid. Other resources dealing with other program components range from services of the Cornell University Extension Service, Planned Parenthood, and the Recreation and Youth Commission to the Housing Authority, Sheltered Workshop for the Disabled, and Lend-A-Hand (an organization that provides furniture, clothes, etc. to needy families).

Binghamton is one of the Home Start programs using a structured curriculum as the basis for its educational component. All home visitors were given copies of School Before Six: A Diagnostic Approach, by Laurel Hodgden, Judith Koetter, Beverly LaForse, Sue McCord, and Daisy Schramm, Cornell University, 1970 (available at $5.00 per copy from Mailing Room, Research Park, Cornell University, Ithaca, New York 14850). This curriculum provides in-depth discussion of methods of teaching pre-schoolers and is replete with examples of activities that can be carried out easily in the home to further children's educational development.

An important part of Binghamton's Home Start program has been its emphasis on parent participation, achieved mainly through monthly meetings of mothers' groups which discuss everything from food buying, preparation, and serving to available methods of birth control. The good rapport that develops among these mothers and the encouragement that they derive from these meetings is evidenced by the fact that mothers whose children have surpassed the age limits of the program still hold "alumnae" mothers' group meetings on a regular basis.

Project Title: Home Start
West Central, West Virginia Community Action Agency
1019 Murdoch Ave.
Parkersburg, W. Va. 26101
Phone: (304) 485-4455
Project Director: Miss Susie Pahl

OCD Regional Office:
Office of Child Development
Dept. of HEW
Box 13716, Rm. 5117
Philadelphia, Pennsylvania 19101
(215) 597-6776

The Parkersburg Home Start program is a rural Appalachian program spread out over a ten-county area of rugged mountains and farms, containing an estimated 54,000 households. Twenty-five percent of the people have incomes below $3,000. The life style often involves such things as hauling water a quarter of a mile, outdoor toilet facilities, and hiking a mile to the hard road to talk to one's nearest neighbor. Visits are always informal and individualized to fit each family's needs, from chatting on a porch to sitting on the living room floor in the home.

Problems in the area include a high infant mortality rate, few available medical and dental services, transportation and communication problems, and a very low literacy rate. Approximately one-half of the people eligible for services of Federal programs do not receive them, due to their reluctance to ask for help and their desire to be independent, even if this means a struggle for them.

Due to the isolated, rural nature of this program, most Home Start services in the areas of health, nutrition, and psychological services are obtained through referrals to other agencies often miles away, since resources in the area are very scarce. Continuous in-service training in these areas is provided to home visitors, who assist families as much as they can.

Education is the strongest component of this program. No standard curriculum has been devised, but the program has many goals for both parents and children. One feature of this program is a Home Start kit for families containing five family activities. Activities are selected based on an assessment of the specific needs of children and parents. This includes emotional development, Piaget and Nimnicht approaches,* materials from Ira Gordon's Florida Parent Educator Pro-

*For further information, write Dr. Glen Nimnicht, Director, Far West Laboratory for Educational Research, 1 Garden Circle, Hotel Claremont, Berkeley, California 94705.

gram (Institute for the Development of Human Resources, College of Education, University of Florida, Gainesville, Florida 32601) and the DARCEE (Demonstration and Research Center for Early Education, Box 151, George Peabody College, Nashville, Tennessee 37203) program and nutritional and health education experiences.

As could be expected, pre-service training focused heavily on health care, preventive oral hygiene, and environmental health and sanitation. Staff members receive credits from the local community college for their in-service training sessions, held weekly.

The 17-minute, color film "Down One Hollow, Up Another" (which can be obtained from Ms. Gail Perry, National Child Research Center, 3209 Highland Place N. W., Washington, D. C. 20008) illustrates the previous home-based program in Parkersburg upon which the current Home Start program has built. It provides a good example of how home visitors build trust with families and describes parent-child-visitor involvement and interaction.

As in all Home Start programs, every attempt is made to involve fathers as well as mothers and other family members in the program, by scheduling parent meetings on topics of interest to fathers and encouraging their participation in building equipment and making toys for the children.

Project Title: Home Start
Macon Program for Progress
50 E. Main St.
Franklin, North Carolina 28734
Phone: (704) 524-4471
Project Director: Mrs. Shirley Young

OCD Regional Office:
Office of Child Development
Dept. of HEW
Peachtree-Seventh Building
50 7th St., N. E., Room 359
Atlanta, Georgia 30323
(404) 526-3069

This rural Home Start program in the heart of Appalachia serves very isolated areas with homes that have no running water, no electricity, few facilities, no means of transportation, and no telephones, in a very mountainous area. The population of Franklin (the largest town in the area) is 2,500, and the population of Macon County is 16,000. Located in the extreme western part of North Carolina, the program encounters serious nutritional and health problems in Home Start families. The education of many adults does not go beyond fourth grade level. Often several families live in a single dwelling. The people are characteristically proud, a bit shy, and hesitant to accept help; thus one of the biggest problems home visitors encounter is getting families to accept and trust them, due to the desire of the

families to be independent and self-sufficient.

Mothers seldom leave their homes and therefore rarely see other adults other than their husbands. No magazines, newspapers, or radios are available for the majority of families. Home visitors use 4-wheel-drive vehicles, purchased by the Home Start program, for transportation to these isolated areas. There is no major industry, and the average family income in the county is $1,500. Home Start here is based on the "Traveling Teacher" program, started in 1966.

The Home Start staff is making the most of the limited resources available. Home visitors and the Licensed Practical Nurse employed by Home Start established health histories for all Home Start children and arranged for physical and dental exams for them, although this often necessitated travel out of the county. Group workshops on nutrition have been held as part of the program's parent involvement. Needed referrals are made for psychological and social services through the County Health Department and the Department of Social Services, for counseling regarding family life, child protection, drug addiction, alcoholism, and family planning.

In the area of education, home visitors deliver direct services, leaving assignments each week for parents to do with their children. Activities are planned for each visit in the areas of art, music, science, stories, and physical activities. Emphasis is put on home-made playthings, making paste and play dough, etc. Home visitors also introduce families to equipment unfamiliar to them, such as filmstrips, projectors, records, and record players.

The Home Start program cooperates extensively with the local Community Action Agency (Macon Program for Progress) and the Head Start program. The programs share supplies, training sessions, and have an integrated Policy Council, and Home Start children and parents visit Head Start centers for group experiences.

Macon Program for Progress is a well-established, accepted community agency which operates many varied programs ranging from (1) an arts and crafts program (Maco Crafts, Inc.) which sells Appalachian handicrafts made by local citizens as souvenirs for tourists, to (2) a federally funded, self-help housing program in which several families assist each other with the construction of homes from materials provided by the federal government. (This self-help program is intended for families whose income is not large enough to accommodate a regular loan and it includes a special loan category for these families.) Other programs sponsored by Macon Program for Progress include a citizens' credit union paying higher interest rates than low-income families could find elsewhere, a homemaker trainer program assisting mothers and older daughters to improve their homemaking skills, a "Sheltered Workshop" for the physically and mentally handicapped, Macon

Enterprises (which is engaged in making toys), a family planning program, and Head Start.

Project Title: Home Start
Clinch-Powell
Educational
Cooperative
Harrogate,
Tennessee 37752
Phone: (615) 869-3605
Project Co-Directors: Mr. Tom
Gentry and
Mr. William Locke

OCD Regional Office:
Office of Child Development
Dept. of HEW
Peachtree-Seventh Building
50 7th St., N. E. Room 359
Atlanta, Georgia 30323
(404) 526-3069

This rural Home Start program serves two counties in upper east Tennessee which are typical of Appalachian areas. One-third of the families in both counties have incomes less than $3,000. There are virtually no Blacks in this area. Agriculture is the major occupation, and there are no major cities in the area.

Due to the rugged terrain, social and other services are limited. Most families have a low educational level, generally less than the eighth grade; and yet, in spite of the poverty, 95 percent of the families have television sets. This preponderance of television led the Home Start program to focus on educational television as one of its major educational components. In addition to television the program uses home visits for parents and children, and a teacher who works with small groups of children in a mobile-van classroom. The television component is based on the Captain Kangaroo program, and weekly supportive activity guides for parents and home visitors are published to supplement the daily television program's activities. These guides, which are distributed to a variety of people nationwide, list different activities that can be easily done each day in a home setting and feature home-made materials. The mobile classroom, which provides a weekly group activity for children (especially important in such a rural area where families often live miles apart), is equipped with desks, tables, puzzles, games, filmstrips, records, and toys. Parents sometimes assist the teachers on a volunteer basis and are welcome to visit while their children attend classes.

A Registered Nurse, employed by Home Start, provides the major source of health and nutritional services. She makes home visits, refers parents to Public Health Clinics, and maintains health records on each family, in addition to discussing nutritional habits with families on her home visits. As in other Home Start programs, county home demonstration agents also assist in nutritional training regarding meal planning and food buying, preparation, and storage.

Home Start also shares its staff and training sessions with staff from the Clinch-Powell Educational Cooperative (CPEC). This educational cooperative is part of a concept being developed nationwide within the last few years---the establishment of cooperative service agencies by a number of school districts, thus sharing resources from several counties. The CPEC includes four counties and sponsors a variety of programs in addition to Home Start, including a Title III early childhood education home-based program.

Project Title: Home Start
TARCOG Human Resources Program
2603-C Leeman Ferry Road S. W.
Huntsville, Alabama 35801
Phone: (205) 534-4969
Project Director: Dr. Kyo Jhin

OCD Regional Office:
Office of Child Development
Dept. of HEW
Peachtree-Seventh Building
50 7th St., N. E. Room 359
Atlanta, Georgia 30323
(404) 526-3069

This Home Start serves a five-county, predominantly rural, area although some families live inside metropolitan areas. As a whole, the area is typical of Appalachia but some portions of the western part consist of rolling hills rather than mountains, and the city of Huntsville (with a population of 138,000) is located within this rural area. With the exception of the Huntsville/Madison County area, there are low educational levels, low income levels, and a good deal of unemployment in the area the Home Start program serves.

As in the Harrogate, Tennessee program, however, the majority of the families own television sets. Thus, a feature of the Home Start program is the inclusion of daily thirty-minute television lessons which are part of the Early Childhood Education Program developed by the Appalachia Educational Laboratory (AEL) of Charleston, West Virginia. The home-oriented AEL program, Around the Bend,* was designed specifically to combat the isolation imposed by typical characteristics of rural Appalachia--rugged terrain, poor roads, scattered population,

*The Appalachia Educational Laboratory publishes a complete training guide for its Home-Oriented Preschool Education (HOPE) model, consisting of a program overview and requirements, a field director's manual, handbook for mobile classroom teachers and aides, home visitor's handbook, personnel training guide, curriculum planning guide, and materials preparation guide. Copies of the 7-volume series can be obtained from Appalachia Educational Laboratory, P.O. Box 1348, Charleston, West Virginia 25325 (phone: 304-344-8371).

and poverty. It is shown on statewide Alabama educational television twice daily, as well as the local Huntsville stations.

In addition to television, the TARCOG Home Start also provides weekly home visits for parents and children, and group experiences for children who meet with a professional preschool teacher for 2-1/2 hours once a week in central locations.

As with other Home Start programs, the TARCOG Home Start was assigned a consultant from the American Academy of Pediatrics to assist in planning and implementing the health services component. In this case, the AAP consultant assisted in locating dentists and pediatricians to help the program provide complete examinations for all Home Start children. The Tennessee Valley Authority also contributed to the health component by performing some of the needed laboratory tests at no charge.

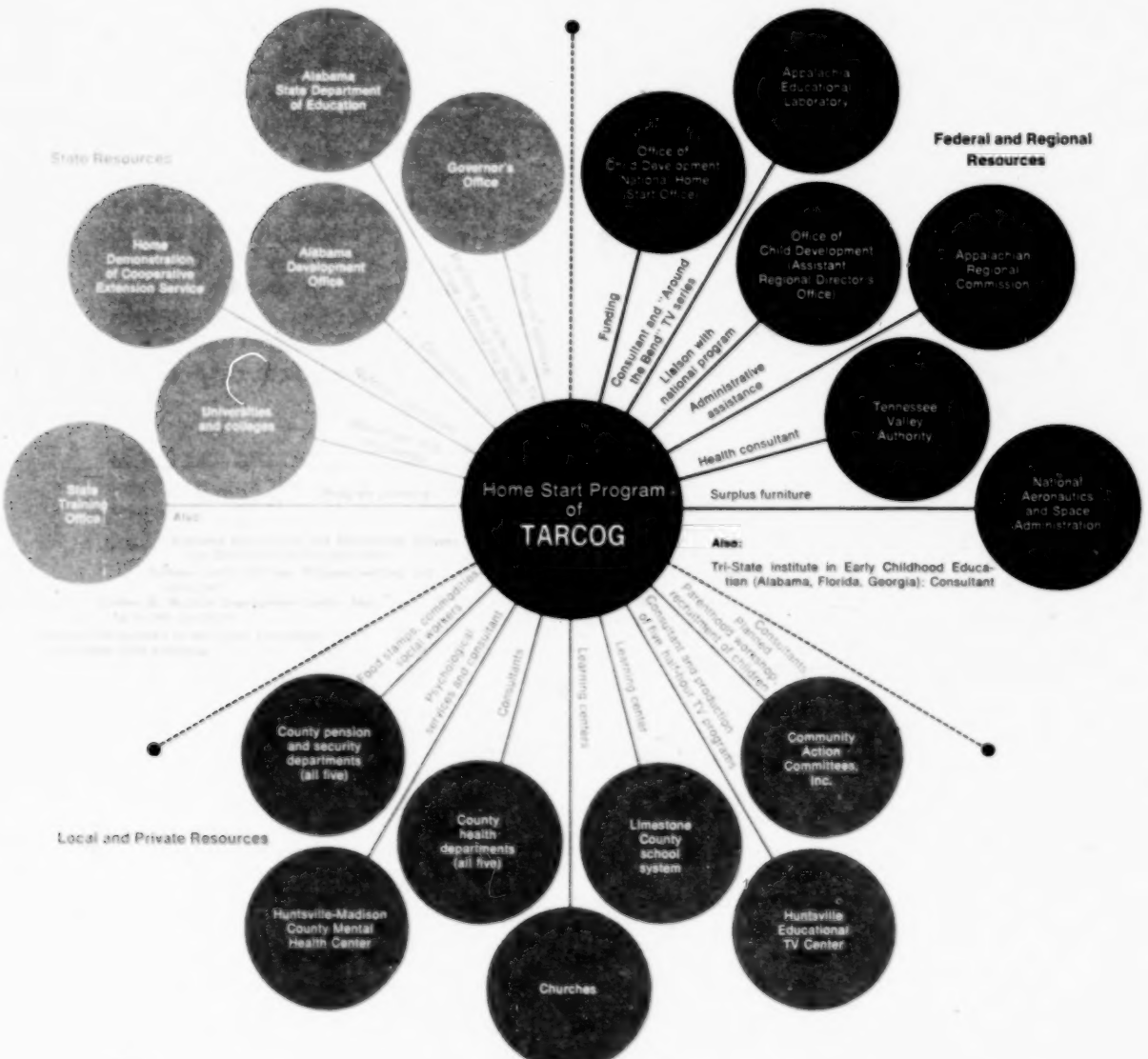
TARCOG's Home Start program believes firmly in sharing resources with other agencies, and emphasized inter-agency cooperation particularly with local educational institutions during its training program for its staff. The importance of the role of referrals to other agencies, and Home Start's role in assisting other agencies, are shown graphically on the following pages. The first illustration shows the many agencies and organizations---federal, regional, state, local, and private---that have contributed to the Home Start program. The second illustration shows some of the contributions the Home Start program has made to the community to date. (These illustrations first appeared in Appalachia Magazine, October-November, 1972 issue, Volume 6, No. 2, and were loaned to the Office of Child Development for this publication.)

Project Title: Home Start
Division of Day Care and Child Development of the Center for Human Services
2084 Cornell Road
Cleveland, Ohio
44113
Phone: (216) 421-7880
Project Director: Mrs. Mary Martin

OCD Regional Office:
Office of Child Development
Dept. of HEW
300 South Wacker Drive
Chicago, Illinois 60606
(312) 353-1781

This totally urban program is spread out over several areas of Cleveland characterized by decaying, gutted, overcrowded buildings, littered streets, poor lighting, no playgrounds, and no vegetation. The majority of Home Start families live in industrialized parts of town noted for iron, steel, and auto body manufacturing, but unemploy-

Resources Utilized by TARCOG (Huntsville, Alabama) Home Start


State Resources
Alabama State Department of Education
Governor's Office
Home Demonstration of Cooperative Extension Service
Alabama Development Office
Universities and colleges
State Training Office
Also:
Federal and Regional Resources
Appalachia Educational Laboratory
Office of Child Development National Home Start Office
Office of Child Development Assistant Regional Director's Office
Appalachian Regional Commission
Tennessee Valley Authority
National Aeronautics and Space Administration
Funding
Consultant and "Around the Bend" TV series
Liaison with national program
Administrative assistance
Health consultant
Surplus furniture
Home Start Program of TARCOG
Also:
Tri-State Institute in Early Childhood Education (Alabama, Florida, Georgia): Consultant
Local and Private Resources
County pension and security departments (all five)
County health departments (all five)
Huntsville-Madison County Mental Health Center
Churches
Limestone County school system
Huntsville Educational TV Center
Community Action Committees, Inc.
Food stamps, commodities, social workers
Psychological services and consultant
Consultants
Learning center
Consultant and production of Fun Factory TV programs
Consultants, parent, prevention, screening, recruitment of children

Also:

Abt Associates: Program evaluation

Adult education program (11 school systems): Basic and GED program for parents

Athens College: Psychological consultant

Huntsville Board of Education
- Follow-Through Program: Consultant and social worker
- Comprehensive Child Care Program: Consultant and teacher

Huntsville Achievement School (private): Consultant

Huntsville-Madison County Christmas Charity: Toys, books and clothing

Huntsville Volunteer Agency: Volunteer services, members for Home Start Policy Council

Lincoln (in Huntsville) Community Center: Learning center

Local merchants: Materials

Parent Effectiveness Program (private consultant firm): Consultant

Private physicians and dentists: Physical and dental examinations

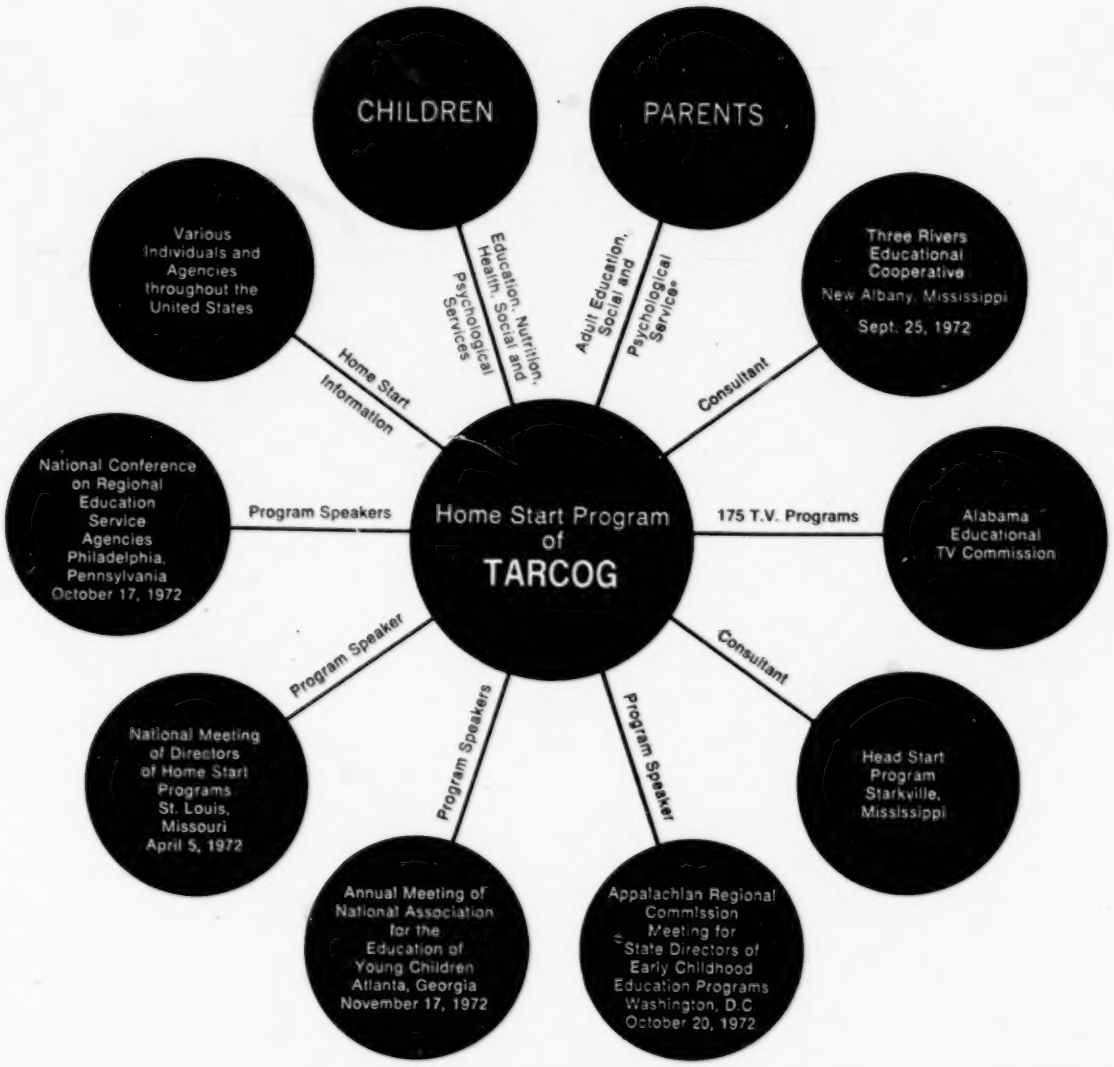
TARCOG Aging Program: Tutor and home visitors

TARCOG Human Resources Program: Policy-making and service as fiscal agent

Teleprompter (cable TV company): Rebroadcasting TV programs

— Courtesy of
Appalachian Regional Commission

Services Provided by the TARCOG Home Start Program


CHILDREN
PARENTS
Various Individuals and Agencies throughout the United States
Three Rivers Educational Cooperative New Albany, Mississippi Sept. 25, 1972
Education, Nutrition, Health, Social and Psychological Services
Adult Education, Social and Psychological Services
Home Start Information
Consultant
National Conference on Regional Education Service Agencies Philadelphia, Pennsylvania October 17, 1972
Program Speakers
Home Start Program of TARCOG
175 T.V. Programs
Alabama Educational TV Commission
Program Speaker
Consultant
National Meeting of Directors of Home Start Programs St. Louis, Missouri April 5, 1972
Program Speakers
Program Speaker
Head Start Program Starkville, Mississippi
Annual Meeting of National Association for the Education of Young Children Atlanta, Georgia November 17, 1972
Appalachian Regional Commission Meeting for State Directors of Early Childhood Education Programs Washington, D.C. October 20, 1972

— Courtesy of
Appalachian Regional Commission

ment is so high that less than five percent of Home Start families are employed. The program concentrates on serving Black, Spanish-speaking, and Appalachian families in the city, and approximately 1/4 of the families served live in low-income housing projects.

Since the program encompasses both the east and west sides of Cleveland and thus includes a fairly large amount of territory, home visitors here are assigned to work with families nearby their own homes. In areas serving Spanish-speaking families, the home visitors are also bilingual.

A variety of agencies are available for referrals and follow-up services; however, Home Start families have not always availed themselves of the services (for many different reasons). Therefore, one important function of the home visitor is to put the families in contact with existing community resources.

The educational curriculum is centered around monthly units. The educational director for Home Start plans units on given topics and presents various activities for teaching the content of the units, but lets the home visitors choose the activities they can implement most successfully with individual families. Ideas for the units are taken from the DARCEE curriculum and various other materials. All home visitors are using the Infant/Toddler Learning Kits developed by Earladeen Badger (7665 Shadowhill Way, Cincinnati, Ohio 45242) to sequence and chart child development. These kits include such activities as matching, sorting, and counting, and are accompanied by a manual denoting step-by-step instructions. Each kit also includes evaluation forms to be completed by the home visitors telling how well the child has mastered each activity.

In addition to weekly home visits with families, home visitors meet with small groups of mothers once a month to explore jointly information on health, meal planning, and nutrition, the emotional growth of children, educating young children, and available community resources and services.

One of the strongest features of this Home Start is its emphasis on continued in-service training for all staff members. Not only are weekly sessions held for paraprofessionals, covering all Home Start components, general principles of child development, and related topics, but professional staff members also attend courses in such subjects as "Management by Objectives" on a regular basis.

Project Title: Home Start
Harris County
Community Action
Association
6300 Bowling Green
St.
Houston, Texas
77021
Phone: (713) 748-4410
Project Director: Miss Janetta
Gilliam

OCD Regional Office:
Office of Child Development
Dept. of HEW
1507 Pacific, Room 910
Dallas, Texas 75201
(214) 749-2319

The Houston (Harris County) Home Start program covers a huge territory. Although part of the program serves families located within the city limits, most families live in outlying rural areas. Located in southeast Texas, Harris County contains 2,500 square miles, with a population of 1,750,000. Chicanos are the predominant group of families that the Home Start program serves in the inner city, and Blacks are the primary target families in the outlying rural suburbs.

Like all Home Start programs, this program believes that all parents should be involved in setting goals both for the program and for themselves individually, so that the program can help them achieve those goals. After home visitors consulted with families, the program decided it would specifically try to:

- Encourage verbal relationships between the parents and their children
- Encourage family interaction
- Increase parents' self-confidence and independence
- Encourage and develop sound nutritional habits through improved meal planning and preparation
- Encourage the use of referrals that are available through educational and social services in the community
- Work with parents in planning specific time for family activities

Parent involvement is strongly encouraged, and group meetings are held for parents to identify their interests and provide activities, discussions, and trips to build on these interests. In recognition of the participating Chicano families, several home visitors are bilingual and attempt to encourage activities that foster pride in these

families' cultural heritage.

There is no dearth of resources in Houston, and the Home Start program is utilizing the services of many community groups, including, for example, the County Health Department for medical referrals, the Salvation Army and Welfare Department for providing emergency food vouchers to purchase food for Home Start families, and the University of Houston, Mental Health Association and Family Services for psychological/social services.

Group meetings have also been scheduled in order to bring groups of parents together with the home visitors. Parents from 10 families come together to discuss their interests and the objectives they have set for themselves, their children, and the program.

Project Title: Home Start
ARVAC, Inc.
P.O. Box 248
103-1/2 Locust St.
Dardanelle,
Arkansas 72834
Phone: (501) 229-4655
Project Director: Mrs. JoAnn Braddy

OCD Regional Office:
Office of Child Development
Dept. of HEW
1507 Pacific, Room 910
Dallas, Texas 75201
(214) 749-2319

This rural Home Start program serves five counties covering 5,870 square miles and populated by 115,000 people. Farming is the main occupation and most families raise poultry, hogs, and grow their own vegetables to supplement their income. There is also industrial and factory work available. Fifty percent of the land is unusable because of the forests and mountains. (The Ozark and Ouachita National Forests are included in this area.) Isolation and transportation present problems, and the people are proud and suspicious when help is offered. Poor health is common due to the lack of transportation and the shortage of doctors and dentists. Substandard housing is also a problem. The average income is quite low, and roughly 1/4 of the Home Start families earn less than $2,000 per year.

The ARVAC Home Start is noted for its good cooperation with the local Head Start program, and the two programs share both staff and services. Home Start also has available the services of a VISTA volunteer nurse who establishes health records for families and visits each family, and a nutritionist who also makes home visits to identify each family's special nutritional problems.

Home visitors make two visits per family per week: one to introduce the weekly lesson plan and materials, and the second to review

assignments left with the mother on the first visit. Home visitors capitalize on using many items found in the homes as teaching materials (pans, beans, corn, acorns, sticks, bottle caps, etc.) and assist parents who can't read to understand the content of literature that Home Start distributes on nutrition, health, and other subjects.

Home Start families make extensive use of the lending library (for toys, books, and other educational materials) that has been established as well as bookmobiles that travel the rural, isolated roads.

Parent meetings for each home visitor's group of 10 families are held regularly at least once a month, at the convenience of the families. Because each family is consulted as to meeting dates that are convenient, many fathers (who would normally be unable to do so) attend these meetings. A great deal of emphasis is put on having the parents participate in planning the content of these meetings, so that the subjects most important to them are covered.

Continued in-service training is stressed for all staff. One day per week is devoted to this in-service training, and all home visitors are also enrolled in at least one 3-hour supplementary training class (sponsored by the ARVAC Head Start program) per week.

Project Title: Home Start
Wichita Area Community Action Program, Inc.
352 N. Broadway
Wichita, Kansas
67202
Phone: (316) 267-1045
Project Director: Mrs. Helen Elizabeth Besser

OCD Regional Office:
Office of Child Development
Dept. of HEW
Federal Office Building
601 12th Street
Kansas City, Missouri 64106
(816) 374-5401

The Wichita, Kansas Home Start program is an urban program located in the largest city of Kansas, known as the "Air Capitol of the World." In addition to its large aircraft plants, Wichita is the center of an agricultural and oil-producing region. It has recently undergone a period of high unemployment, but the economy is improving with increased work in the aircratt plants and new industries in the city. Although there has been a general improvement, many families in Wichita still live on extremely low incomes, with or without welfare help. Problems of poor housing, inadequate public transportation (to serve the 65-square-mile area encompassed by the city limits), and limited health care abound.

Wichita Home Start places special emphasis on assisting Home Start families to reach the goals they have set for their children and themselves. Each family's goals and needs are considered on an individual basis.

Noteworthy about the Wichita Home Start program is its extensive parent involvement program. Each home visitor and her group of ten families has monthly meetings which range from picnics and potluck suppers to group discussions on health, housing, and education. Program activities are discussed, recommendations made, and an elected representative and an alternate from each group serve on the Parent Policy Committee, which meets once a month and has responsibility for making many decisions regarding Home Start. The program has drafted a parent participation manual for parents of Home Start children, similar to the Head Start manual.

Home visitors also encourage parents to take over the teaching role with their children and delight in showing parents how to make many educational items at low cost in the homes. The program provides some educational toys and books which are used during the weekly home visit or are left in the homes for the parents to use with their children. In addition to weekly home visits, Home Start parents and children have participated in field trips to the city's zoo, libraries, and parks. They have seen the Disneyland characters on tour, they have been to see the circus, and have been on a large airplane, in addition to exploring the rural areas, farms, and ranches outside the city. The experiences have frequently been a "first" for parents as well as the children.

The program emphasizes the importance of continuous in-service training for all staff, encompassing courses on educational television, classes at Wichita State University and Kansas State Teachers College, and the facilities of local agencies.

Medical and dental examinations are provided for the target children and are encouraged for all members of the family. Information on nutrition is provided during visits, on trips to the store, or in parent group meetings. Some of the parents have been active in sharing recipes, and USDA Surplus Commodities have been made available for demonstrations.

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The Millville, Utah Home Start program is a very rural program located in a valley of the Rocky Mountains. The program serves three counties about 80 miles north of Salt Lake City. The population of Millville is only 400. The area consists of some small farms, small ranches, and some factories. The Home Start families are scattered over a large area, geographically isolated. Almost all families served are members of the Mormon religion and are predominantly Anglo.

Home visitors in this program are known as family educators, and home visits are supplemented by group meetings for families on a bi-monthly basis. Family educators combine bringing educational materials into the homes with listening to family problems and providing adult companionship for parents. Some lesson plans are structured, but others are not, according to the needs and experience of the family. Family educators try to avoid providing too many direct services; rather, they encourage families to seek services on their own. Often they use the heavy involvement of families in arts and crafts as a vehicle for increasing interaction between children and parents.

In addition to providing Head Start comprehensive services in nutrition, psychological/social services, health, and education, the program has initiated two projects of particular interest: (1) a home improvement course for low-income homemakers, and (2) a weekly "Pounds Thinner" class for mothers, during which they do exercises and discuss food additives, food preparation, and good eating habits, under the direction of the Head Start/Home Start nutritionist.

Head Start and Home Start programs in Millville share staff (including the project director, educational coordinator, health services coordinator, and nutritionist), and Head Start and Home Start parents belong to a joint Head Start/Home Start Policy Council.

Home Start in Millville is making use of every resource available, and relies particularly on the excellent resource people from Utah State University for assistance with Home Start training.

The strong emphasis of the Mormon religion on the family as a unit provides an important asset upon which Home Start is building.

The Millville Home Start program emphasizes parent education and development, not only through visits made by family educators, but by offering classes and discussion sessions to parents.

Project Title: Home Start
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This urban program is located in an area where the major industry is gambling. The total population of the county is 120,000, and one-sixth of these people are poor. The cost of living is very high and welfare payments are very low. There is a long waiting list for low-income housing, and evictions pose a major problem for Home Start families. There is a high percentage of single-parent families. The main source of jobs is in the casinos and as waitresses with very low pay and undesirable hours. Life, in general, is regulated around the casinos; thus, some home visits are made at night because the mothers work in the casinos during the days.

Despite the fact that child care support services and community resources are somewhat limited in comparison to those available in other urban programs, Home Start staff work closely with existing agencies such as the Reno Housing Authority, the Work Incentive Program, County Welfare Department, religious organizations, and legal aid, to obtain needed services for their families.

Reno's health component, devised by the Home Start Health Specialist, is striking in scope. Among other objectives for the health component are:

- vision screening
- hearing and speech testing
- urinalysis, anemia, and other laboratory tests
- complete physical exams
- preventive health measures
- immunizations
- dental hygiene training and screening
- good employee health

- accident prevention and first aid training for staff and parents
- development of community resources related to health

As part of the education component of the program, home visitors leave weekly parents' guides in the homes, which deal with themes such as recognition of body parts and show parents activities, songs, games, etc. relevant to each week's theme that they can carry out with their children.

One unique feature of the Reno Home Start program is that three of the home visitors are male. Part of the reason for this is to bring the male image to homes where there is no father.

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The San Diego Home Start program is located in a city known as the birthplace of California, with what the U.S. Weather Bureau describes as the most ideal weather in America. This good weather, combined with attractive surroundings, brings numerous tourists to San Diego and accounts for a good portion of the city's income.

San Diego is the headquarters of the Eleventh Naval District and military and civilian employees comprise nearly one-third of the city's working population. The area is noted for its farming and ranching, including production of eggs, flowers, and citrus fruits; but manufacturing also accounts for a large part of the economy.

San Diego County has a population of over 1.3 million, and more than 15 percent of the children under 6 years of age are poor. Currently 80 percent of these economically disadvantaged preschool children are not being served by poverty programs.

The most unique feature of the San Diego Home Start program is the diversity of ethnic groups the program serves, which concentrates on Asian races and includes Chinese, Filipino, Japanese, and Guamian/Samoan, as well as some Spanish-speaking and Black families. Due to the problem of cultural transition and language barriers, these Asian-Americans have isolated themselves from the general community, and Home Start is not

only delivering comprehensive services to them, but bringing them in touch with the American mainstream. Home visitors speak the languages of the families they serve.

The San Diego County Economic Opportunity Commission Head Start is sharing many of its resources with Home Start and has made available the facilities of the Creative Environment Workshop, where Home Start families work on tri-wall, lumber, cardboard carpentry, and other projects to make practical learning materials and toys for their children.

In addition to Head Start involvement, San Diego has over 500 public and private agencies in the area of health, welfare, education, and recreation. Although some of their services are limited due to Federal regulations, Home Start also has been able to utilize some of their facilities and resources.

San Diego was the most recent Home Start to be funded and has been operational only since January, 1973. Since the staff was able to build on the previous experience of the other 15 Home Start programs, the San Diego proposal incorporated many ideas and suggestions from them and it has been reproduced "en masse." (Copies of the proposal may be obtained by writing to the Project Director at the address given above.)

Project Title: Home Start
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This program is located 100 miles south of the Arctic Circle in the city of Fairbanks (population: 18,000). Six months out of the year the people are faced with sub-zero temperatures, and during the winter solstice there are only 2-3/4 hours of sunlight per day. Families must face tremendously high heating and lighting bills, as well as "cabin fever" due to the extremely cold climate. The cost of living is extremely high, and the winter unemployment rate is 16 percent or over. Twenty percent of the people have incomes below the poverty line, due in part to highly seasonal employment. Chief source of employment is the government: Federal, State, and local government account for 52 percent of the available jobs. Also, Fairbanks' position as the distribu-

tion and service center for central and north Alaska and oil development on the "North Slope" create some jobs. Over ten percent of the population are Alaskan Indians or Eskimos, and four percent are Black. There is a high rate of mobility among the residents of Fairbanks, in addition to a high birth rate, and prevalent tuberculosis, emphyzema, and various other lung diseases.

One of the major thrusts of the Fairbanks Home Start is the attempt by staff members to encourage Home Start families' self-esteem, especially regarding their cultural heritage and pride in their backgrounds.

Resources within Fairbanks itself are not abundant, and often consultants from other cities in Alaska or "the States" must be brought in. However, the program has arranged for health services to be provided to Home Start families through the Alaska Native Health Service and the Public Health Service as well as program resources. The Cooperative Extension Branch of the University of Alaska (in Fairbanks) contributes nutrition aides to the program, and the State Department of Mental Health assists with psychological services.

The Toy Lending Library concept and materials made from "junk" are being stressed in the educational component. Polaroid cameras and tape recorders have also been used as instructional media by home visitors.

Project Title: Home Start
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Fort Defiance, Arizona
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Project Director: Mrs. Lettie Nave

OCD Regional Office:
Office of Child Development
Indian-Migrant Programs
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This rural program serves opposite sides of the Navajo Indian Reservation, with two sites located approximately 200 miles apart. The entire reservation consists of 25,000 square miles in Arizona, New Mexico, Colorado, and Utah. Primary means of travel are pick-up trucks and buckboards. Hogans (earth-covered lodges in which the Navajos live) and small concrete dwellings (constructed by trainees in the ONEO Navajo Pre-Vocational Training Program) are miles apart. Many weather problems are found: summers are unbearably hot, August rains wash out many of the roads, early snows make home unreachable, and dust storms occur often.

The average family income is less than $3,000 per year. Most families graze livestock, and rugs and jewelry-making are the other prime

sources of income; but there is high unemployment, many families have no running water or electricity, the people have little education, and minimal social services are available. Since nine out of ten Navajos do not speak English, all Home Start staff speak both Navajo and English. Since Home Start in Fort Defiance deals totally with Navajo families, every effort is made to pay particular attention to cultural factors in the provision of services.

When home visitors began working with families, they assessed the skill levels of parents and children and then planned activities considering age levels, areas of interest, and environmental learning factors. Pictures, materials, and books are rotated in the homes, and hogan kits,* which the children are given to keep permanently, include crayons, paper, scissors, books, and other educational materials.

The parents are also given kits, known as teachers' kits, which contain information on math, science, language development, music, physical education, and Navajo culture---essentially the same subjects taught in the 100 ONEO pre-schools on the reservation. Using the kits, the home visitors work with the parents. When the visitors leave, the parents take over the teaching role and work with the children.

In nutrition, as in other component areas, Navajo customs and culture are emphasized. Home Start staff received nutritional training from the ONEO Emergency Food and Medical Program, and stress preparation of native foods in more nutritional ways or forms. Psychological services, mainly in the form of referrals, also consider cultural factors and include assistance from the Navajo Legal Services Agency, the Public Health Service Navajo Mental Health Program, and the Social Service Department.

Most training sessions are closely coordinated with the Head Start program, and several group sessions both for staff and parents have been held in the form of camping trips in canyons. The Navajo Home Start also participated in inter-program training when the Gloucester, Massachusetts Home Start staff visited Fort Defiance for a week, sharing ideas and experiences with the Indian staff and families.

*Hogan Kits were donated by the Red Cross to the Navajo children.

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Project Director: Ms. Estella Aguilar

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Indian-Migrant Program Division
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This is a rural, Migrant Home Start program, whose families all go north in the summer to harvest crops. The program serves all Chicano families, who live in small communities with few services. Although the farmland is fertile and produces cotton, vegetables, sugar cane, and citrus fruits, there is not enough work for all the people. Additional handicaps that Migrants face are that minimum wages for Migrants are very low, 90 percent of Migrant children drop out of school, and the average life expectancy is only 38 years.

Home Start is attempting to help Migrant parents help their children learn. Activities used as educational experiences include trips to the store, the fields, and the library, as well as the annual trip north. Homemade toys and games are emphasized by home visitors, who use the Southwest Educational Laboratory curriculum as the basis for the education component.

Visitors also encourage parents to view Sesame Street with their children; when there is no television in a home, visitors organize groups who meet at a neighbor's home. Through such group activities, they attempt to provide new social experiences for parents and children, and an opportunity to discuss common problems, interests, and activities.

Home visitors inform families of the availability of food stamps and provide help in planning, budgeting, buying, and preparing food. The program uses USDA Surplus Commodities and the Expanded Nutrition Program of the Agricultural Extension Service of Texas A&M. It also shares the services of the Head Start nutritionist.

Psychological/social services and health services are provided mainly through referrals and preventive health education. The Public Health Clinic innoculates Home Start children and does X-rays, hemoglobin, and urinalysis tests.

One of the strengths of the Migrant program is its in-service training in program components. For example, the sessions on health covered personal hygiene, prevention of illness, how to dress children to minimize infection, dental care, home safety and good health practices needed to combat infectious hepatitis, worms, lice, and other diseases common in the area.